Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2505AGZ	A. BUILDING _____ B. WING _____	07/17/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT GARDNERVILL	1565 VIRGINIA RANCH RD GARDNERVILLE, NV 89410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 7/17/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 64 Residential Facility for Group beds, 40 for elderly and disabled persons and 24 for Alzheimer's, Category II residents. The census at the time of the survey was 63. Fifteen resident files were reviewed and 10 employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 444 SS=C	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review and interview on 7/17/08, the facility did not ensure monthly testing was completed on all smoke detectors in the facility. Findings include: The facility provided documentation of monthly testing of the smoke detectors connected to fire alarm system. The Maintenance Supervisor reported he did not have documentation of monthly tests on the stand-alone battery operated smoke detectors located in resident rooms.	Y 444		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 444	Continued From page 1 Severity: 1 Scope: 3	Y 444		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review on 7/17/08, the facility did not ensure 1 of 17 residents received their medications as prescribed. Findings include: Resident #11 was prescribed Acetaminophen 325 mg, two tablets every four hours for pain or fever. The resident was on hospice. Caregivers documented the facility was waiting for re-fills and was out of the medication for the resident's 8:00 AM and noon doses on 7/9/08. The caregivers documented the facility was out of the medication for the resident's 8:00 AM, noon, 4:00 PM and 8:00 PM doses on 7/15/08 and 7/16/08; and the 8:00 AM and noon doses on 7/17/08 - for a total of 12 doses.	Y 878		

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Y 878	Continued From page 2 The medication technician reported the pharmacy was sending one medication card with 30 tablets and because the resident was taking four- two tablet doses of the medication every day, the facility was re-ordering the medication frequently. The medication technician reported the resident's medications arrived after lunch and the pharmacy sent three medication cards. Severity: 2 Scope: 1	Y 878		
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 7/17/08, the facility did not ensure 4 of 15 residents met the tuberculosis (TB) testing requirements. Findings include: Resident #2 was admitted on 9/20/02. The resident completed an annual TB test on 6/25/06. The resident's 2007 annual TB test was not initiated until 8/23/07, more than a year later. The	Y 936		

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Y 936	Continued From page 3 resident would need an additional one-step TB test due to the delay in testing. Resident #5 was admitted on 2/28/08. His file contained a previous two-step TB test completed on 10/26/06, but this was 1 1/2 years prior to his admission. The resident received a one-step TB test on 2/15/08 and completed it on 2/18/08. The facility did not complete a second step. Resident #11 was admitted on 11/19/05. The resident completed annual one-step TB tests on 7/20/06 and 8/25/07. The 2007 was completed more than a year after the 2006 test; therefore the resident requires and additional one-step TB test. Resident #12 was admitted on 7/15/07 and completed a one-step TB test on 7/6/07. There was no evidence a second-step was completed. There was also no evidence of an annual TB test in the file. The resident requires a two-step TB test. Severity: 2 Scope: 1	Y 936		